STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM STD 262 (REV 6/93)

See Instructions and *Privacy Statement on Reverse Side

OLAIMANTE NAME											Page 1 of 1 Pages				
CLAIMANT'S NAME Phyllis W. Cheng POSITION CB/ID NUMBER					SSAN OR EMPLOYEE NUMBER* DEP					DEPART	MENT				
										DFEH	2.20	100			
					DIVISION OR BUREAU									INDEX NUMBER	
Director Exempt					Executive						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tavilt jarat			
						HEADQUARTERS ADDRESS							TELEPHONE NUMBER		
CITY STATE ZIP CODE					2218 Kausen Drive					Mark I.	rgas			916-478-7250	
CA CA					CITY STATE						ZIP CODE				
MANUAL DESCRIPTION OF THE PROPERTY OF THE PROP					Elk Grove CA						95758				
			(4)	(5)	MEALS		(6)		RANSPORTATI				(8)	(9)	
(2)	010	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK-		O.T., L/T N/C RELO			(B)	(C) CARFARE	PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES	
										· • · · · · · · · · · · · · · · · · · ·					
DATE	TIME	VVENEINCORRED		FAST	LUNCH	OR DINNER	TALS	TRANS	USE	PARKING	No. 1.1.0			FOR DAY	
02/03	0700-1900	Oakland							u yki, su O 796 ac		MILES	AMOUNT			
	19.3.2714						-		sc	√ 14.00				14.00	
02/05	1400-1700	Los Angeles								4.00	1			4.00	
	~	Lee vingeles							pc	15.60	23	11.25		26.85	
02/23	4400 4000	Sacramento			100000000000000000000000000000000000000				1				170.50		
UZIZU	1130-1830	Saciamento							sc	16.50				16.50	
02/24	0000		***************************************							11.47					
7 40 7 7 7	-	Fresno							sc						
02/25	1700	Bakersfield													
						•		ن د د							
02/26	0800-1700	Los Angeles						2.50	ь					2.50	
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10)	SUBTO	TALS	7						4.77			<u> </u>			
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	CLAIM	TOTAL		Tarent Tare											
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/3: Me	eting w	Milliam Tamayo re El	n private e	expense	FIID							0-1700			
2/3: Meeting w/William Tamayo re EEOC-DFEH; Mtg re FHPA Practice Guide; toll \$4 2/5: Meeting w/Assemblymember Feuer & Prof. Blasi 6ATW241											HICLE LIC	ENSE NBR.			
/23: Me	eting a	at Agency	nei ox Fio	ı. Diasi								TW241		<u></u>	
/24-25:	Prese	ntations at Klein Dena	tale Goldr	20r - \//	W DEE	Lliatha		30 45 30 30 50 50 50 50 50 50 50 50 50 50 50 50 50			(14) MII	EAGE RA	TE CLAIN	IED	
/26: L./	A. Distr	ict Office visit and me	ofing with	Deputy	Direct	n is the	canar	y tor civ	vii rig			. 5	andid.	<u> </u>	
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5) I HER	EBY CE	RTIFY That the above is a	true stateme	ent of the	travel ev	mencec i	nourrod	huma ia a			PAID BY	REVOLVIN	G FUND CH	ECK NBR.	
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	City and .	seat beit usage.			i.			N		1					
AHVIAN	SIGN	IATURE	DATE	(1	6) SIGNA	JURE OF	OFFICE	RAPPROVM	VISITE.	AVEL AND	PAYME	NT J	DATE	<u></u>	
			4/8/		\geq								مراز»	100	
- 9		PENSE AUTHORIZATION	l a series and a s										4140	T(C)	